

Division of Children and Family Services

Authorization for Release of Information

Applicant or Client SHOULD NOT SIGN UNTIL all Blanks Have Been Filled in

Office/Unit

Last Name	First Name		Middle Initial(s)	
Street or Mailing Address	s	City		
State Zip Code		Case	Case Number/Social Security Number	
representatives of tl	ase of information regarding my he Nebraska Department of Health and Human Se se additional form for each additional source)	•	situation to shall be released by:	
Only during the one	(1) year following the below given date.			
Signature of Applicant or Client SIGN HERE		Date	Date	
Signature of Spouse, if n SIGN HERE	ot separated from applicant or client	Date		
Signature of Witness SIGN HERE		Date		
SOY INK		ASD-	46 Rev. 11/11 (55001) (Previous version 5/08 should be used first)	
Department of Health & Human Services N E B R A S K A Last Name	Division of Children and Family Services Authorization for Release of Information Applicant or Client SHOULD NOT SIGN UNTIL all Blanks H First Name	lave Been Filled in	Office/Unit Middle Initial(s)	
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